## N9400003094

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100159306951

08/27/09--01017--007 \*\*35.00



RO Change 9/2/09 Dc

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Cross Creek of Ocoee Homeowners Association  Name of Corporation				
DOCUMENT NUMBER: N9400003094				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Spencer Solomon Name of Contact Person				
Name of Contact Person				
Southwest Property Management				
Southwest Property Management Firm/Company				
P.O. Box 783367				
Address				
Winter Garden, FL 34778				
City/State and Zip Code				
spencerswpm@yahoo.com  E-mail address: (to be used for future annual report notification)				
2 man activities (to be able to ration without report notification)				
For further information concerning this matter, please call:				
Spencer Solomon at ( 407 ) 656-1081				
Spencer Solomon at (407) 656-1081 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. Thange is submitted for a corporation organized under the laws of the State of Florid Eder to change its registered office or registered agent, or both, in the State of Florida	la	
1. The name of t	of the corporation: Cross Creek of Ocoee Homeowners' Associat	ion, Inc	
	pal office address: 13350 W Colonial Dr. Suite 330		
Winter Ga	Sarden, FL 34787		
3. The mailing a	g address (if different): P.O. BOX 7833L07 Winter Garden FL 34778		
4. Date of incorp	orporation/qualification: 6/23/1994 Document number: N9400	00003094	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)		
	Spencer Solomon		
	14443 Prunning Wood Place		
	Winter Garden, FL 34787	<u> </u>	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office ::	09 AUG 27	
	Spencer Solomon	PH 12:	T
	13350 W Colonial Dr. Suite 330	F. S. L.	C
	P.O. Box NOT acceptable Winter Garden, FL 34787	PATE TO	
as changed will	dress of its registered office and the street address of the business office of its registered.		
authorized by the	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	,, 30	
Vhute	Vincent Gramaglia 8/5/20 Printed or typed name and title	009	
I hereby accept I further agree of my duties, an document is bei corporation has	ept the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered ages being filed merely to reflect a change in the registered office address, I hereby con has been notified in writing of this change.	performance nt. Or, if this firm that the	2 5
Sig	Signature of Registered Agent Date		
	behalf of an entity:		
Т	Typed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*